



Land Use Services Department Fire Hazard Abatement

Tom Hudson
Director

Fire Hazard – Invoice Appeal

FORM MUST BE RETURNED NO LATER THAN _____

60 DAYS FROM INVOICE DATE

DATE OF FORM SUBMISSION _____

ASSESSOR'S PARCEL NUMBER (APN) _____

LOCATION OF PROPERTY: _____

NAME _____ PHONE _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

**DO YOU WISH TO APPEAR IN PERSON? YES ___ NO ___ OR DO YOU WISH TO APPEAR BY PHONE? YES ___
I PREFER ___ AM ___ PM APPOINTMENT OR NO PREFERENCE _____**

We will try to accommodate your request but the selected preference is not guaranteed.

Your appeal will be heard and a decision delivered in your absence if "NO" is checked or no selection is made. You will be notified by mail of the Board's decision. **NOTE:** A decision from the Board of Appeals concludes the administrative process and is not reviewable by this agency or the Appeal panel.

Reason for Appeal (Must be completed, attach additional sheets if needed) :

\$213.00 FILING FEE REQUIRED. Your appeal will not be accepted unless a \$213.00 (per parcel) check or money order is included with this appeal form. Filing fee and appeal form must be submitted to:

**LAND USE SERVICES DEPARTMENT
ATTN: FHA APPEALS
385 N. ARROWHEAD AVE. FIRST FLOOR
SAN BERNARDINO, CA 92415-0187**

\$213.00 fee is non-refundable unless Land Use Services Fire Hazard Abatement is found to be wholly erroneous in abatement administration and/or ordinance process.

APPELLANT SIGNATURE

DATE

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